

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10743635**
APPLICANT(S)

FILING DATE

CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3	1					
4		1				
5		1				
6		3				
7		3				
8		1				
9		1				
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TOTAL IND.	4					
TOTAL DEP.	27					
TOTAL CLAIMS	31					

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